

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 50
FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) STELLA		c. CITY OR TOWN STELLA	
Length of stay in 1b 2 HOURS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDWELL MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) STELLA MISSOURI	
3. NAME OF DECEASED (Type or print) First Middle Last ELSIE FRANCES BAUSCH		4. DATE OF DEATH Month Day Year JUNE 15 1963	
5. SEX X FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/24/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	
13a. FATHER'S NAME EARNEST R. HOWARTH		13b. MOTHER'S MAIDEN NAME LIELA SHANE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT PAUL HOWARTH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i> DUE TO (b) <i>previous anterior wall infarction</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. CITIZEN OF WHAT COUNTRY U S A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>March 1963</i> to <i>June 15-63</i> and last saw her alive on <i>June 15-63</i> Death occurred at <i>9:40</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D.D. Jountain D.D.</i>		22b. ADDRESS <i>Neel Mo.</i>	
22c. DATE SIGNED <i>6-22-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/18/63	
23c. NAME OF CEMETERY OR CREMATORY NEOSHO MEMORIAL		23d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI	
24. FUNERAL DIRECTOR DOWNEY WOODARD MOONEY FUNERAL HOMES		25. DATE RECD. BY LOCAL REG. 6/28/63	
26. REGISTRAR'S SIGNATURE <i>Mildred Moberly</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vaughan B. Maney

Licensed Embalmer No.

5199

P. O. Address

Anderson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DO NOT WRITE IN THESE SPACES